

# **EXHIBIT 1**

PETITION - SMALL CLAIMS CASE

FILED

SEP 23 2015

PLAINTIFF(S): ALFRED C. DIZON  
5333 - NORTHVIEW DRIVE  
WICHITA FALLS, TEXAS 76306

VS

ATTN: MARY MILLER  
 DEFENDANT: PRUDENTIAL HEALTH & LIFE INSURANCE OF AMERICA

Defendant's Address: 1-PRUDENTIAL CIRCLE, MAILSTOP B-200  
SUGARLAND, TEXAS 77478-3833

DEFENDANT: N/ADefendant's Address: N/A

IN THE JUSTICE COURT

JANICE BALSTON SONS  
 JUSTICE OF PEACE PCT 1, PL 1  
 WICHITA COUNTY

PRECINCT 1 PLACE 1

WICHITA COUNTY TX

FILED

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COMPLAINT: The basis for the claim which entitles the Plaintiff to seek relief against the Defendant is FAILURE OF PRUDENTIAL LIFE INSURANCE COMPANY TO COMPENSATE MY LATE BROTHER'S SURVIVING FAMILY MEMBERS (NIECE and NEPHEW) OF THEIR DAD'S LIFE INSURANCE MONEY (OSGLI / SGLI) SERVICE MEMBERS GROUP LIFE INSURANCE, IN ADDITION, TO COMPENSATE / COLLECT IN ORDER TO PAY FOR BROTHER'S VIEWING / CREMATION COST, and OTHER ENCUMBRANCES ASSOCIATED WITH THE DEATH and BURNING / CREMATION OF A LOVE ONE. WHEREIN, 9 - MONTHS OF NON-PAYMENT OF INSURANCE MONEY IS WAY BEYOND THE RANGE OF REASONABLENESS... TO COMPENSATE SURVIVING MEMBERS.

RELIEF: Plaintiff seeks damages in the amount of \$ 10,000.00, and/or return of personal property as described as follows (be specific): N/A, which has a value of \$ N/A.

Additionally, Plaintiff seeks the following: INTEREST CHARGES ACCUMULATED MONTHLY ON CREDIT CARD for 9 - MONTHS for NON-PAYMENT OF BENEFICIARIES and monthly interest earned of beneficiaries share, if money was deposited in a bank.

SERVICE OF CITATION: Service is requested on Defendants by personal service at home or work or by alternative service as allowed by the Texas Justice Court Rules of Court. Other addresses where the Defendant(s) may be served are:

☒ If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check the space and provide your valid email address: adizon62.ad@gmail.com

(PRO SE PLAINTIFF)

(PRO SE PLAINTIFF)

ALFRED C. DIZON

Plaintiff's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (If known):

DATE OF BIRTH: \_\_\_\_\_

LAST 3 NUMBERS OF DRIVER LICENSE: \_\_\_\_\_

LAST 3 NUMBERS OF SOCIAL SECURITY: \_\_\_\_\_

DEFENDANT'S PHONE NUMBER: \_\_\_\_\_

5333 - NORTHVIEW DRIVE

Address of Plaintiff or Plaintiff's Attorney, if any

WICHITA FALLS, TEXAS 76306

City State Zip

CELL PHONE #: (940) 337-9318.

Phone &amp; Fax No. of Plaintiff or Plaintiff's Attorney, if any

SCANNED